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IMPORTANT NOTICE

TELECOPY/FACSIMILE COVER LETTER

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*Affiliated Office

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TO:	U.S. Patent and Tra	demark Office		DATE:	March 30, 2006		
ro:	Examiner: Holly		•	***			
		1773					
•	Artunt	1773	•				
FROM:	Troy M. Sch	nmelzer	•	TIME: _			
TOTAL	TOTAL NO. OF PAGES, INCLUDING COVER: 9 The attached information is CONFIDENTIAL and is intended only for the use of the addressee(s) named above. If the reader of the message is not the intended recipient(s) or the employee or agent responsible for delivering the message to the intended recipient(s) please note that any dissemination, distribution or copying of this communication is strictly prohibited. Anyone who receives the communication in error should notify us immediately by telephone and return the original message to us at the above address via the U.S. Mail. SAGE: E: U.S. Patent Application Serial No.: 10/632,522; Our Ref. 83377.0008 [hereby certify that the following documents:						
message is n	ot the intended recipient(s)	or the employee or age	ut tesbousible for deny	ering the incasige	Anyone who receives this		
MESSAGE: RE: U.S. I I hereby ce	Patent Application Serertify that the following	ial No.: 10/632,52 documents:	2; Our Ref. 83377	.0008			
⊠ Supp	olemental Amendment/	Amendment Trans	mittal				
are being fac Alexandria,	esimile transmitted to the VA 22313-1450, for fil	e Commissioner fo ing in the above ap	or Patents, P.O. Boroplication.	x 1450,			
	March 30, 2006 Date of Deposit	_ <u>R</u>	honda Huri				
TELE	COPY/FAX NUMBER:	571-	273-8300 Art Unit]	1773			
	CLIENT NUMBER:	8337	7.0008				
ATTORNE	Y BILLING NUMBER:	3212	<u> </u>				
CONE	FIRMATION NUMBER:	(ple	ase return fax to Jua	nita Soberanis)			

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MAR 3 0 2006

FORM PTO-1083

16:07

Attorney Docket No. 83377.0008 Customer No. 26021

3/30/06

Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Ching Hian HEE, et al.

Serial No: 10/632,522 Confirmation No: 4355

Filed: August 1, 2003

Tilted Media for Hard Disk Drives and Magnetic Data

Storage Devices

Mail Stop Amendment Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-Identified application.

No additional fee is required.

CENTRAL FAX CENTER I hereby certify that this correspondence is being transmitted via facsimile to (571)273-8300: Commissioner for Patents P.O. Box 1450

Rickman, Holly C.

Alexandria, VA 22313-1450 on

1773

March 30, 2006 Date of Deposit Rhonda Hurt

Rhanda Signature

The fee has been calculated as shown below: (Col. 3) PRESENT (Col. 2) (Col. 1) CLAIMS REMAINING AFTER AMENDMENT ADD'L LG/SM HIGHEST NUMBER \$ ENTITY FEE FEE DUE PREVIOUSLY PAID FOR **EXTRA** \$50 \$ n ٥ TOTAL CLAIMS FEE 20 20 SM=\$25 LG=\$200 *** \$200 \$ 0 INDEPENDENT 3 0 3 SM=\$100 CLAIMS FEE LARGE ENTITY FEE = \$360 \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS SMALL ENTITY FEE = \$180 \$250 FOR EACH ADDITIONAL 50 2 ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) SHEETS TOTAL \$

If the entry in Col. 1 is tess than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of daims originally filled.

A check in the amount of \$__ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

A check in the amount of \$____ to cover the extension fee is enclosed. A copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any deficiencies of fees associated with this

communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

HOGAN & HARTSON L.L.P.

Date: March 30, 2006

Biltmore Tower 500 South Grand Avenue, Suite 1900 Los Angeles, California 90071

Telephone: 213 337-6700 Facsimile: 213 337-6701

Troy M. Schinelzer Registration No. 36,667 Attorney for Applicant(s) **FORM PTO-1083**

16:07

Attorney Docket No. 83377.0008 Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Ching Hian HEE, et al.

Serial No: 10/632,522

Confirmation No: 4355 Filed: August 1, 2003

For: Tilted Media for Hard Disk Drives and Magnetic Data

Storage Devices

Mail Stop Amendment Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below:

1773 Art Unit: RECEIVED Rickman, Holly C. Examiner: CENTRAL FAX CENTER hereby certify that this correspondence MAR 3 0 2006 is being transmitted via facsimile to (571)273-8300: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 on March 30, 2008 Date of Deposit Rhonda Hurt Name Rapida 3/30/06 Date Signature

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMB PREVIOUSLY PAIL		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		DUE DUE
TOTAL CLAIMS FEE	20	-	20		0	LG=\$50 \$50 SM=\$25	\$	0
INDEPENDENT CLAIMS FEE	3	1-1	3	•••	0	LG=\$200 \$200 \$M=\$100	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180								·
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$250 FOR EACH ADDITIONAL 50 SHEETS								
						TOTAL	\$	0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

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"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filled.

A check in the amount of \$__ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

□ A check in the amount of \$____ to cover the extension fee is enclosed. A copy of this sheat is enclosed.
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HOGAN & HARTSON L.L.P.

Date: March 30, 2006

Biltmore Tower 500 South Grand Avenue, Suite 1900 Los Angeles, California 90071 Telephone: 213 337-6700

Facsimile: 213 337-6701

Troy M. Schmelzer Registration No. 36,667 Attorney for Applicant(s) 16:07

Appl. No. 10/632,522 Amdt. dated March 30, 2006 Reply to Notice of March 21, 2006 Atty. Ref. 83377.0008 Customer No. 26021

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAR 3 0 2006

In re application of:

Ching Hian HEE et al.

Serial No. 10/632,522

Confirmation No. 4355

Filed:

August 1, 2003

For:

Tilted Media for Hard Disk Drives

and Magnetic Data Storage Devices

RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Art Unit: 1773

Examiner: Rickman, Holly C.

I hereby certify that this correspondence is being transmitted via facsimile to (571)273-8300:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on

March 30, 2006
Date of Deposit
Rhonda Hurt
Name
Physical Residues
Signature
Date

Dear Sir:

In response to the Notice of Non-Compliant Amendment mailed on March 21, 2006, applicant replies as follows:

Amendments to the Claims are reflected in the corrected listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.